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CUSTOMER NEEDS/FEEDBACK FORM 18

MARKETING INFORMATION 50

Q: How did they hear about us? (REQUIRED ENTRY FIELDS) 52

- ☐ 1. Published article (specify which publication): _____
- ☐ 2. Published advertisement (specify which publication): _____
- ☐ 3. Direct Mail Invitation
- ☐ 4. E-Mail Invitation
- ☐ 5. Internet (Specify web site): _____
- ☐ 6. Other (please specify): _____

Q: How did this make them want to come to (name of marketing Campaign / Event / Meeting) / Web site

If Article:

- ☐ Looked like an interesting article
- ☐ Liked what they read
- ☐ Wanted answers to their questions about what they read

If Advertisement:

- ☐ Looked like a neat-looking, innovative advertisement
- ☐ Liked what they read
- ☐ Wanted answers to their questions about what they read

If Direct Mail Invitation:

- ☐ Looked like nice, quality, innovative direct mail piece
- ☐ Liked what they read
- ☐ Wanted answers to their questions about what they read

If Internet Web Site:

- ☐ Looked like neat-looking, innovative announcement
- ☐ Liked what they read
- ☐ Wanted answers to their questions about what they read

CONTACT INFORMATION 66

First Name: (REQUIRED ENTRY) 68

Last Name: (Separated for sorting purposes) (REQUIRED ENTRY) 70

Title/Position: (REQUIRED ENTRY) 72

Job Responsibilities: (Necessary because many times titles do not accurately describe what they actually do) 74

Company Name: (REQUIRED ENTRY) 76

Type of Business: 78

E-MAIL ADDRESS: (REQUIRED ENTRY) 80

Internet Address: 82

Street Address: (REQUIRED ENTRY) 84 90

86 ~ City: (REQUIRED ENTRY) State: (REQUIRED ENTRY)

88 ~ Country: (REQUIRED ENTRY) Zip: (REQUIRED ENTRY)

94 ~ Telephone Number: (REQUIRED ENTRY) 92

FIG. 2A

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CUSTOMER NEEDS/FEEDBACK FORM (CONTINUED)

Fax Number: ~96

Mobil Number: ~98

Pager Number: ~100

102

NEEDS/SOLUTIONS INFORMATION (This will vary for each seller's products and/or services and particular marketing Campaigns/Events/Meetings.)

Q: Rank on a scale from 1-10 (1- Most Important; 10- Least Important) how important these are to you NOW...

- ___ Upgrading/Scalability
- ___ Converting to Digital Technology
- ___ Converting to Wireless Technology -Managing Content
- ___ Adding Value to Existing Services
- ___ Communicating Better with Internal and External Customers -Consulting Services
- ___ Other (please specify):

Q: Rank on a scale from 1-10 (1- Most Important; 10- Least Important) how important these will be to you in the FUTURE...

- ___ Upgrading/Scalability
- ___ Converting to Digital Technology
- ___ Converting to Wireless Technology
- ___ Managing Content
- ___ Adding Value to Existing Services
- ___ Communicating Better with Internal and External Customers -Consulting Services
- ___ Other (please specify):

INTERACTIVE SOLUTION (PRODUCT/SERVICE) QUESTIONS (Customize for type of marketing Campaign/Event/Meeting.) (For example: Solution -Fraud Management, Target

Market -Wireless companies)

Q: How many wireless customers does your company serve?

___ 0-100 ___ 100-500 ___ 500-1,000 ___ 1,000-5,000 ___ 5,000-10,000
 ___ 10,000-25,000 ___ Over 25,000

104

FIG. 2B

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Replacement Form

CUSTOMER NEEDS/FEEDBACK FORM (CONTINUED)

Q: What type of wireless air interface technology does your company have? (affects the likelihood of fraud)

_____AMPS _____CDMA _____TDMA _____GSM

Q: What geographic areas do you serve?

_____North America _____South America _____Europe _____Asia Pacific

Have a formula automatically calculate how many dollars per year they may be losing due to fraud based on their answers to the above questions. Then have the following statement pop-up:

"Based upon the information you have just provided us, it is estimated that without any fraud protection system installed, you could be losing as much as SXX million dollars per year. May we suggest you visit our Wireless Fraud Management System demonstration located here in the booth." ADD more Broadcasting Solution Questions here...

106

Q: What Products/Services would you like to see in action? 108

____Product/Service Name: (To be determined for each marketing Campaign / Event / Meeting and listed here)

____Product/Service Name: (To be determined for each marketing Campaign / Event / Meeting and listed here)

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____Product/Service Name: (To be determined for each marketing Campaign / Event / Meeting and listed here)

____Product/Service Name: (To be determined for each marketing Campaign / Event / Meeting and listed here)

Q: What do you want these products/services to do for you? 108a

FIG. 2C

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Replacement Sheet

CUSTOMER NEEDS/FEEDBACK FORM (CONTINUED)

COMMENTS/FEEDBACK — 110

In order to help us know if we are providing solutions you can use, please tell us what you think about the Broadcasting Solutions you have seen. Positive and/or negative comments are appreciated...

WHAT WOULD YOU LIKE TO DO NOW? — 112

This section is interactive, providing immediate response to customer requests.

☐ I would like to ask someone a few questions. — 114

If this option is selected, automatically notify appropriate Company Rep(s) via e-mail message or have a message pop-up on the Lead Management Intranet screen.

☐ I would like to see some more detailed information or brochures. — 116

If this option is selected, have the collateral web pages from Internet site appear allowing customer to have collateral e-mailed, faxed or printed out.

☐ I would like to see a specific solution in action. — 118

If this option is selected, have collateral web pages from Internet site appear allowing customer to select which product or service that they would like to see an online video clip of.

☐ I would like to schedule an off-site meeting. Please have someone contact me. My contact information is listed above. — 120

If this option is selected, connect them to Lotus Notes Calendar of appropriate Company Rep(s) and automatically notify Company Rep(s).

☐ I would be interested in a FREE week of consulting services. — 122

If this option is selected, automatically notify appropriate Company Rep.

Feel free to give one of our Solutions Experts a call...

* Name of Solutions or Account Executive: — 124

Title: — 126

Tel: Fax: — 130 — 128

Pager: — 132

E-Mail Address: — 134

Internet Address: — 136

FIG. 2D

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LEAD MANAGEMENT FORM ← 24. 26

CAMPAIGN/EVENT INFORMATION (This information will appear as default information on the Lead Management Intranet Site pages and needs to be changed for each marketing campaign or event.) 152

Marketing Campaign/Event Name: 154
 Marketing Campaign/Event Date: 156
 Marketing Campaign/Event Location: 158
 Marketing Campaign/Event Type: 160
 Marketing Campaign/Event Demographics Information: 162
 If the event is a trade show or event: 164
 Booth Presentation Schedule: 166
 Speaker Session Schedule: 168
 Social Events: 170
 Other Events/Happenings that customer can go to talk to: 172

QUALIFICATION INFORMATION (Determining the BANT score) 174
 (ALL FIELDS REQUIRED ENTRY)

Personnel Name: 176 Date: 178

180 Q: What kind of BUDGET is this person working with?

182 0. This project will not get funding.

184 1. Funding will not be applied for or the budget would be insufficient for the solution.

186 2. Funding will be applied for and/or the budget size may be sufficient for the solution.

188 3. Funding has been applied for and/or the size of the budget may be sufficient for the solution.

190 4. Funding has been accepted but the amount has not been defined and/or the budget size is sufficient for the solution.

192 5. A defined amount of money is allocated and accepted to be used to fund this project and/or the budget size is sufficient for the solution.

193 Defined amount: \$

194 Q: What kind of AUTHORITY does this person have?

196 0. This person is not involved or has no influence with the project.

198 1. This person is an important person, but he/she is not involved in the project.

200 2. This person is involved with the project, but is not an influencer.

202 3. This person is a main technical/business influencer.

204 4. This person is preparing the request for proposal/requirements.

206 5. This person is a decision-maker.

FIG. 3A

Replacement Sheet

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LEAD MANAGEMENT FORM (CONTINUED)

- 208~Q: What kind of NEEDS does this person have?
- 210~__0. This person does not have a need.
- 212~__1. This person is not aware of the problem and is proposing a solution.
- 214~__2. This person has identified a potential problem, but has not identified problem scope or requirements.
- 216~__3. This person has identified a potential problem, but has not identified its full scope or requirements.
- 218~__4. This person recognizes a problem and has defined some of the requirements.
- 220~__5. This person recognizes a problem and has defined all requirements.
(We could put checkboxes here to help list requirements. These will vary per marketing campaign/event.)
- 222~Q: What kind of TIME FRAME is this person working with?
- 224~__0. The project will not be executed.
- 226~__1. This person is not ready to decide and has not identified a time frame for the decision.
- 228~__2. This person is not ready to decide and has identified a time frame outside of next 12 months. 232 234 236 238
- 230~__3. This person is not ready to decide, but has determined a decision date. Specify decision date: -Next few weeks -Next few months -Next year -Next few years
- 240~__4. This person is ready to decide and has a general time frame. Specify time frame: -Next few weeks -Next few months -Next year -Next few years
- 250~__5. This person is ready to decide and has a specific time frame dates. Specify time frame dates: 242 244 246 248
- 254~ Total BANT Score: (Determines lead priority and distribution)

MARKETING INFORMATION 256

- 258~Q: How did they hear about us? (REQUIRED ENTRY FIELDS)
- 260~__1. Published article (specify which publication):
- 262~__2. Published advertisement (specify which publication):
- 264~__3. Direct Mail Invitation
- 266~__4. E-Mail Invitation
- 268~__5. Internet (Specify web site):
- 270~__6. Other (please specify)
- 272~Q: How did this make them want to call or come to (name of marketing event)?
- 274~If Article:
- 276~__Looked like an interesting article
- 278~__Liked what they read
- 280~__Wanted answers to their questions about what they read
- 282~If Advertisement:
- 284~__Looked like a neat-looking, innovative advertisement
- 286~__Liked what they read

FIG. 3B

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E-Splanning Sheet

LEAD MANAGEMENT FORM (CONTINUED)

- 288~__ Wanted answers to their questions about what they read
290~__ If Direct Mail Invitation:
292~__ Looked like nice, quality, innovative direct mail piece
294~__ Liked what they read
296~__ Wanted answers to their questions about what they read
298~__ If Internet Web Site:
300~__ Looked like neat-looking, innovative announcement
302~__ Liked what they read
304~__ Wanted answers to their questions about what they read

CONTACT INFORMATION 306

- 308~__ First Name: (REQUIRED ENTRY)
310~__ Last Name: (Separated for sorting purposes) (REQUIRED ENTRY)
312~__ Title/Position: (REQUIRED ENTRY)
314~__ Job Responsibilities: (Necessary because many times titles do not accurately describe what they actually do)
316~__ Company Name: (REQUIRED ENTRY)
318~__ Type of Business:
320~__ E-MAIL ADDRESS: (VERY VERY IMPORTANT!) (REQUIRED ENTRY)
322~__ Internet Address:
324~__ Street Address: (REQUIRED ENTRY)
326~__ City: (REQUIRED ENTRY)
328~__ State: (REQUIRED ENTRY)
330~__ Country: (REQUIRED ENTRY)
332~__ Zip: (REQUIRED ENTRY)
334~__ Telephone Number: (REQUIRED ENTRY)
336~__ Fax Number:
338~__ Mobil Number: 342
340~__ Pager Number: }

SOLUTIONS INFORMATION (This will vary for each marketing campaign/event.)

- 344~__ Product/Service Name: (To be determined for each marketing campaign/event and listed here)
346~__ Product/Service Number (if applicable):
348~__ Company Representative Name:
350~__ Feedback/Comments: (Subdivide this into two categories: Positive/Negative)

FIG. 3C

Replacement Sheet

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LEAD MANAGEMENT FORM (CONTINUED)

FOLLOW-UP/TRACKING INFORMATION _____ 352

(To be integrated with Lotus Notes Calendar feature for scheduling individual or group. This page needs to be able to repeat and link together so we can track the progress of the lead. ALL FIELDS ARE REQUIRED ENTRY.)

354 ~ Follow-Up Date:

356 ~ Follow-Up Priority:

358 ~ HOT BUSINESS OPPORTUNITY - Ready to Buy Now; Contact Immediately; Add to corporate marketing database.

360 ~ VERY WARM LEAD - Very Interested; Favorable BANT; Contact Immediately; Add to corporate marketing database.

362 ~ WARM LEAD - Interested; Wants More Information; Favorable BANT; Contact Soon.

364 ~ LUKEWARM LEAD - Interested; Unfavorable BANT; Contact in 3 mos.-6 mos.-12 mos.

366 ~ COLD LEAD - Not Interested; Unfavorable BANT; No Action Required

368 ~ MISDIRECTED LEAD - Direct to Group other than _____ (varies per marketing campaign/event)

372 ~ Follow-Up Person:

378

370

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374 ~ Follow-Up Status:

376 ~ Referred to someone else (specify whom): _____ why: _____

382 ~ Scheduled Follow-Up Call.

384 ~ Scheduled Follow-Up Meeting - Sent Information

386 ~ Contract Negotiations

388 ~ Sale/Deal (Specify Potential Business) \$ _____ 390

392 ~ Other (please specify): _____

394

FIG. 3D